Image# 14960906356 PAGE 1 / 19

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

rom ox	or Other Than	i An Authorize	a Committe	e		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typir er the lines.	ig, type	12FE4M5	
American Podiatric Med	dical Associa	ation Political	Action Co	mmittee		
ADDRESS (number and street)	9312 Old Georg	etown Road				
Check if different						
than previously reported. (ACC)	Bethesda				MD	20814-1698
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		ξ	STATE A	ZIP CODE ▲
C C00008839		3. IS THIS REPORT		IEW N) OR	× AN	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:		Mar 20 (M3) Apr 20 (M4)		lun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q1	(c) 12-Da		Primary (12P	· · · ·	General	
July 15 Quarterly Report (Q2	PRE-E	Election t for the:	Convention (_	Special (
October 15 Quarterly Report (Q3	·		(. 20)	opeoidi (
January 31 Year-End Report (YE	≣)	Election on	M M /	D D /	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST	y -Election t for the:	General (300	i)	Runoff (3	Special (30S)
Termination Report (TER)	пери	Election on	M = M /	D D /	Y = Y = Y = Y	in the State of
5. Covering Period 08	01	2013	through	M M 08	31	2013
I certify that I have examined this Type or Print Name of Treasurer	S Report and to t		wledge and b	pelief it is tru	e, correct and	d complete.
	ndy Kaplan DPM		[Electronically	Filed] D	ate 05	/ 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, errone	ous, or incomplete	information may s	ubject the pers	son signing th	is Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

80 2013 08 2013 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 240465.66 January 1, 2013 (b) Cash on Hand at 493680.65 Beginning of Reporting Period..... 378389.49 13244.50 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 506925.15 618855.15 6(a) and 6(c) for Column B)..... 5000.00 116930.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 501925.15 501925.15 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00

Schedule C and/or Schedule D)

Schedule C and/or Schedule D)

10. Debts and Obligations Owed BY the Committee (Itemize all on

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

0.00

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	5870.00	250708.00
(ii) Unitemized	7374.50	121681.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	, 13244.50	372389.49
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		070000 40
Totals to Line 33, page 5)▶	13244.50	372389.49
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
_		
8. All Loans Received	0.00	0.00
	, , ,	,
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	7 7	, , ,
to Federal Candidates and Other		
Political Committees	0.00	6000.00
7. Other Federal Receipts	0.00	
· ·	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account	0.00	
(from Schedule H3)	0.00	0.00
	222	
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	13244.50	378389.49
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	13244.50	378389.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: — (a) Allocated Federal/Non-Federal	Total Tillo Totlou	Calendar Tear-10-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	0.00	0.00		
Expenditures(c) Total Operating Expenditures	0.00	0.00		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party				
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees				
and Other Political Committees	5000.00	116000.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(use Schedule F)	7	0.00		
Loan Repayments Made	0.00	0.00		
Zoan riopaymone made				
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other				
Than Political Committees	0.00	930.00		
Ī				
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	7		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	930.00		
Other Disbursements	0.00	0.00		
_				
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(i) Federal Shale				
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely				
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Birth and a College State of the College Stat				
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5000.00	116930.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	5000.00	116930.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	13244.50	372389.49
4. Total Contribution Refunds (from Line 28(d))	0.00	930.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13244.50	371459.49
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page

-	NUMBER	: PAGE	6 OF	19			
(check only one)							
X 11a	11b	11c	12				
13	14	15	16	17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than us	ing the name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) American Podiatric Medica	I Association Political Action Committe	ee				
Full Name (Last, First, Middle Initial) Dr. Brenna Leigh Steinberg Mailing Address 21511 Sun Garden Ct.		Date of Receipt				
City Germantown	State Zip Code MD 20876-6941	08 01 2013 Transaction ID : 21042756 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Self-Employed Receipt For:	Occupation Podiatric Physician Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	750.00					
Full Name (Last, First, Middle Initial) Dr. Theodore Andrew Buccilli Mailing Address 4403 Clover Dr.	Jr.	Date of Receipt				
City Ravenna	State Zip Code OH 44266-8636	08 01 2013 Transaction ID : 21076286 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee. Name of Employer	Occupation	100.00				
Name of Employer NEO Foot & Ankle Surgical Associates Receipt For: Primary General Other (specify) ▼	Podiatric Physician Aggregate Year-to-Date ▼ 300.00					
Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub Mailing Address 100 Ayshire Ct.		Date of Receipt				
City Slidell	State Zip Code LA 70461-5034	08 06 2013 Transaction ID : 21077333 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	150.00				
Name of Employer Self-Employed Receipt For: Primary General	Occupation Podiatric Physician Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	2200.00					
SUBTOTAL of Receipts This Page (option	nal)	500.00				
TOTAL This Period (last page this line n	umber only)					

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE		7	OF	19		
l	(check only one)									
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l		13		14		15		16	6	17

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical As	ssociation Political Action Committe	ee
Full Name (Last, First, Middle Initial) A. Dr. Steven E. Black	_	Date of Receipt
Mailing Address 22855 Sparrowdell Dr.		08 08 2013
City	State Zip Code	Transaction ID: 21080792
Calabasas	CA 91302-1820	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Self Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) 3. Dr. Krysia L. LePoer		Date of Receipt
Mailing Address 1305 West St.		08 08 2013
City	State Zip Code	Transaction ID: 21080894
Wrentham	MA 02093-1801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
University Foot Center	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. Dr. Bruce M. Jacob		Date of Receipt
Mailing Address 4319 Foxpointe Dr.		08 15 2013
City West Bloomfield	State Zip Code MI 48323-2615	Transaction ID : 21090302 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate rear-to-bate •	
Other (specify) ▼	700.00	
SUBTOTAL of Receipts This Page (optional).		450.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		8	OF	19	
	(check only one)									
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical A	Association Political Action Committe	ee
Full Name (Last, First, Middle Initial) A. Dr. David S. Chung		Date of Receipt
Mailing Address N.W. Foot Clinic, P.C. 4055 S.W. 185th Ave. #10	0	08 16 _ 2013 _
City	State Zip Code	Transaction ID : 21092455
Aloha	OR 97007-1567	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
N.W. Foot Clinic	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) 3. Dr. Brandi S. Myers	<u>'</u>	Date of Receipt
Mailing Address 1412 S.E. Harney St.		08 16 2013
City	State Zip Code	Transaction ID: 21092456
Portland	OR 97202-7130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real to Date ₹	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Rae Louise Lantsberger		Date of Receipt
Mailing Address 6417 S.E. 49th Ave.		08 16 2013
City	State Zip Code	Transaction ID : 21092461
Portland	OR 97206-6914	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Gresham Foot Clinic	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real-to-Date ♥	
Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line numl	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical As	ssociation Political Action Committe	e
Full Name (Last, First, Middle Initial) A. Dr. Derek J. McCammon		Date of Receipt
Mailing Address 9477 S.E. Emerald Loop		08 16 2013
City	State Zip Code	Transaction ID : 21092464
Happy Valley	OR 97086-8037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	342.00	
Full Name (Last, First, Middle Initial) Dr. Christopher S. Seuferling		Date of Receipt
Mailing Address 730 N.W. 30th Ave.		08 16 2013
City	State Zip Code	Transaction ID: 21092467
Camas	WA 98607-8697	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Mt. Tabor Podiatry	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Donald James Carlson		Date of Receipt
Mailing Address 711 N.W. 6th St.		08 16 2013
City	State Zip Code	Transaction ID : 21092470
Pendleton	OR 97801-1319	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Heritage Podiatry	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optional)		650.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Kenneth K. S. Mah Date of Receipt Mailing Address 4511 S.E. Hawthorne Blvd. #103 2013 08 16 City Zip Code State Transaction ID: 21092471 OR Portland 97215-3170 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Grayden W. King Date of Receipt Mailing Address 17704 N.E. 28th St. 80 16 2013 City State Zip Code Transaction ID: 21092489 WA Vancouver 98682-3637 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation **Gresham Podiatry Center** Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Thuy-Trang Lam Date of Receipt Mailing Address Clackamas Foot & Anklie Clinic 8800 S.E. Sunnyside Rd. #105N 80 16 2013 City State Zip Code Transaction ID: 21092490 OR Clackamas 97015-5738 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Clackamas Foot & Anklie Clinic Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: P					PAGE		П	OF		19
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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical A	ssociation Political Action Committe	ee
Full Name (Last, First, Middle Initial) 1. Dr. Darrell Duane Prins		Date of Receipt
Mailing Address 3317 Yacht Ave.		08 16 2013
City	State Zip Code	Transaction ID : 21092506
Lincoln City	OR 97367-5188	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Lincoln County Foot Health Center	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) 3. Dr. Steve R. Feller		Date of Receipt
Mailing Address 7507 Custer Rd. W.		08 17 2013
City	State Zip Code	Transaction ID: 21092617
Tacoma	WA 98499-8138	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. H. F. Brown III		Date of Receipt
Mailing Address 14 River Valley Rd.		08 18 2013
City Little Rock	State Zip Code AR 72227-1505	Transaction ID : 21092630 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)	_	400.00
TOTAL This Period (last page this line numb	er only)	

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(check only one)							
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	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
/ American Podiatric Medical A	ssociation Political Action Committe	ee
Full Name (Last, First, Middle Initial) A. Dr. Joseph M. Hughes		Date of Receipt
Mailing Address 2311 Ocean View Dr.		08 18 2013
City	State Zip Code	Transaction ID : 21092633
Signal Hill	CA 90755-3778	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	1
Los Alamitos Foot Center	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial) 3. Dr. Jeffrey Frederick		Date of Receipt
Mailing Address 30005 Forest Dr.		08 19 2013
City	State Zip Code	Transaction ID : 21092651
Franklin	MI 48025-1580	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) C. Dr. Robert J. Warkala		Date of Receipt
Mailing Address 59 Harrowgate Dr.		08 21 2013
City	State Zip Code	Transaction ID : 21094521
Cherry Hill	NJ 08003-1938	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Self-Employed	Podiatric Physician	Ţ
Receipt For:	Aggregate Year-to-Date ▼	Ì
Primary General		Ì
Other (specify) ▼	800.00	
SUBTOTAL of Receipts This Page (optional)		260.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER:					PAGE	· '	13 OF	=	19
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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical A	Association Political Action Committe	ee
Full Name (Last, First, Middle Initial) Dr. Vada Kathleen Satterfield		Date of Receipt
Mailing Address 10685 Concannon St.		08 21 2013
City Rancha Cucamanga	State Zip Code CA 91737-6922	Transaction ID: 21094523
Rancho Cucamonga	CA 91/3/-0922	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Disabled	Podiatric Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) 3. Dr. Joseph S. Borreggine	·	Date of Receipt
Mailing Address 924 Hawthorne Drive		08 22 2013
City	State Zip Code	Transaction ID: 21096836
Charleston	IL 61920-8260	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
Touching Ground Podiatry, P.C.	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) C. Dr. David G. Edwards		Date of Receipt
Mailing Address 1651 Saddle Hill Dr.		08 22 2013
City	State Zip Code	Transaction ID: 21096837
Logan	UT 84321-4828	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	630.00	
SUBTOTAL of Receipts This Page (optional	l) >	240.00
TOTAL This Period (last page this line num	ber only)	

					PAGE	1	14	OF	19
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	X 11a	a 🗌	11b		11c		12		
ı	13		14		15		16		17

NAME OF COMMITTEE (In Full)	Association Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Robert J. Lenfestey Sr. Mailing Address 113 Birklands Dr.		Date of Receipt
City	08 23 2013 Transaction ID : 21096945	
Cary	State Zip Code NC 27518-8205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Piedmont Foot & Ankle Clinic	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Andrew J. Schneider		Date of Receipt
Mailing Address 4326 Sarong Dr.		M = M / D = D / Y = Y = Y
City	State Zip Code	08 23 2013 Transaction ID : 21006048
Houston	TX 77096-4425	Transaction ID : 21096948 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	85.00
Name of Employer Tanglewood Foot Specialists	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	
Full Name (Last, First, Middle Initial) Dr. Jason W. Rockwood		Date of Descipt
Mailing Address 3 Autumn Light Pl.		Date of Receipt 08 23 2013
City Santa Fe	State Zip Code NM 87508-1334	Transaction ID : 21096949 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Glacier Foot & Ankle Associates	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (option	nal)	235.00
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TOTAL This Period (last page this line nu	mher only)	

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for each category of the	
Detailed Summary Page	X 11a

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(check only one)										
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NAME OF COMMITTEE (In Full)	ociation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Daniel F. Byrd		Date of Receipt
Mailing Address 615 N.W. 4th St.		08 22 2013
City Pendleton	State Zip Code OR 97801-1414	Transaction ID : 21098438 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Blue Mountain Foot Specialists Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Wendy Sue Winckelbach Mailing Address 3788 Highland Park Dr.		Date of Receipt
City Greenwood FEC ID number of contributing federal political committee.	State Zip Code IN 46143-8231	08 23 2013 Transaction ID: 21098470 Amount of Each Receipt this Period 300.00
Name of Employer Southside Foot Clinic Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Benjamin W. Weaver Mailing Address Central KS Podiatry Associates 2081 N. Webb Rd. City Wichita	State Zip Code KS 67206-3411	Date of Receipt 08 23 2013 Transaction ID: 21098472 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Central KS Podiatry Associates Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)		650.00
TOTAL This Period (last page this line number o	<u>-</u>	

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Brandon Ray Gumbiner Date of Receipt Mailing Address KSB Foot & Ankle Center 215 E. 1st St. #301 2013 08 25 City State Zip Code Transaction ID: 21098564 Dixon IL 61021-3190 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Phillip Wayne Holloway Date of Receipt Mailing Address 2814 Berry St. 80 25 2013 City State Zip Code Transaction ID: 21098566 IL **Paris** 61944-6832 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Self Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Stephanie Ellis Spicer Date of Receipt Mailing Address 11263 Stoll Rd. 80 25 2013 City Zip Code State Transaction ID: 21098567 IL Frankfort 60423-7987 Amount of Each Receipt this Period FEC ID number of contributing 85.00 С federal political committee. Name of Employer Occupation In Step, Ltd. Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 425.00 Other (specify) 235.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	the name and address of any political committee t				
NAME OF COMMITTEE (In Full)					
/ American Podiatric Medical A	ssociation Political Action Committe	ee 			
Full Name (Last, First, Middle Initial) A. Dr. Holly A. Spohn-Gross	Date of Receipt				
Mailing Address 6425 Lynch Canyon Dr.	08 26 2013				
City	State Zip Code	Transaction ID : 21098580			
Lake Isabella	CA 93240-9726	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer	Occupation	1			
Rural Health Clinic/Kern Valley Hosp.	Podiatric Physician				
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary General					
Other (specify) ▼	300.00				
Full Name (Last, First, Middle Initial) Dr. Bradford J. Jacobs		Date of Receipt			
Mailing Address 476 Painter Way	Mailing Address 476 Painter Way				
City	State Zip Code	08 26 2013			
Lansdale	PA 19446-4037	Transaction ID : 21098611			
	13440*4037	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	300.00			
Name of Employer	Occupation				
Self-Employed	Podiatric Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	300.00				
Full Name (Last, First, Middle Initial) Dr. David R. Northcutt		Date of Receipt			
Mailing Address 1531 N. Buckner Blvd.	08 23 2013				
City	State Zip Code	Transaction ID : 21098829			
Dallas	TX 75218-3517	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	200.00			
Name of Employer	Name of Employer Occupation				
Self-Employed	Podiatric Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	500.00				
SUBTOTAL of Receipts This Page (optional).		550.00			
TOTAL This Period (last page this line numb	er only)				

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NAME OF COMMITTEE (In Full)	the name and address of any political committee ssociation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Kirk Eliel Woelffer Mailing Address Raleigh Foot Center P.O. Box 98209 City Raleigh FEC ID number of contributing federal political committee. Name of Employer Raleigh Foot Center Receipt For: Primary General Other (specify)	State Zip Code NC 27624-8209 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 08 28 2013 Transaction ID : 21099305 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Dr. Zahid A. Ladha Mailing Address 3544 Marquis Ct. City Floyds Knobs FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code IN 47119-9766 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 2000.00	Date of Receipt 08 28 2013 Transaction ID: 21099306 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Samuel Stuart Woociker Mailing Address 445 Warrior Trl. City Enterprise FEC ID number of contributing federal political committee. Name of Employer Orlando Foot&Ankle Clinic Physicians Receipt For: Primary General Other (specify)	State Zip Code FL 32725-2456 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 08 28 2013 Transaction ID : 21099307 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)	>	350.00
TOTAL This Period (last page this line numb	per only)	5870.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 19 OF 19		
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	TOWNELL.		
	for each category of the Detailed Summary Page	21b	22 🗙 23 🔲 24 🔲 25 🖂 26		
		27	28a 28b 28c 29 30		
Any information copied from such Reports and Statem					
or for commercial purposes, other than using the name	e and address of any politica	al committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)		_			
American Podiatric Medical Associa	ation Political Action	Committe	e		
Full Name (Last, First, Middle Initial)					
A. EVERY REPUBLICAN IS CRUCIA	Date of Disbursement				
- EVERT REI OBEICAN IS CROCIA	EVERT REPOBLICATION OR OTHER (ERROLAND)				
Mailing Address 25 East Main Street			08 01 2013		
Suite 200					
	tate Zip Code		Transaction ID: 21074574		
	VA 23219		Transaction ib . 21074374		
Purpose of Disbursement		011	Amount of Each Dishumannout this David		
Candidate Name		011	Amount of Each Disbursement this Period		
EVERY REPUBLICAN IS CRUCIAL	(ERICDAC)	Category/	5000.00		
Office Sought: House Disbursem	,	Туре	7		
	Primary General				
	Other (specify)				
State: District:	· · · · · · · · · · · · · · · · · · ·				
Full Name (Last, First, Middle Initial)					
3.			Date of Disbursement		
			M = M / D = D / Y = Y = Y		
Mailing Address					
-					
City	tate Zip Code				
Purpose of Disbursement					
			Amount of Each Disbursement this Period		
Candidate Name		Category/			
		Type			
Office Sought: House Disbursem	ent For:				
	Primary General				
	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)			B (B) !		
C.			Date of Disbursement		
Mailing Address			M M / D D / Y Y Y Y		
Mailing Address					
City	tate Zip Code				
·	<u> </u>				
Purpose of Disbursement	Purpose of Disbursement				
			Amount of Each Disbursement this Period		
Candidate Name		Category/			
Office Sought: House Disbursem	ant For:	Туре			
	ent For: Primary General				
	Other (specify)				
State: District:	oution (opcomy)				
2.55					
SUBTOTAL of Disbursements This Page (optional)			5000.00		
ago (optional)					
TOTAL This Period (last page this line number only).			5000.00		